Policy Statement

It is the policy of the Texas Tech University Health Science Center El Paso (TTUHSC El Paso) “the Sponsor” and its Group Health plans treat with confidentiality the individually Protected Health Information (PHI) received or maintained by the sponsor's group health plans, pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state laws and regulations for the privacy and security of health information. TTUHSC El Paso workforce who works to administer Health plans may have access to the individually identifiable health information of Health Plans participants on behalf of the Health Plans or on behalf of the institution, as a plan sponsor, for administrative functions of the Health Plans. The Group Health Plan is a covered component of the TTUHSC El Paso hybrid entity.

Scope

This policy applies to the TTUHSC El Paso Group Health Plan designated health care component identified in this policy.

Policy

Group Health Plan and Protected Health Information

TTUHSC El Paso Group Health Plan documents are in accordance with HIPAA privacy rules. Employees must follow this policy with respect to the use and disclosure of Protected Health Information (PHI). “Protected Health Information” or “PHI” means any individually identifiable health information that is,

(a) Created or received by a health plan or an employer- employees acting on Health Plan administration and received in that capacity;
(b) Involves the past, present, or future physical or mental health, or condition of an individual; the providing of health care to an individual; or the past, present, or future payment for the providing of health care to an individual; and
(c) Identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual and
(d) That is maintained or transmitted in any form or media.

Uses and Disclosure of Protected Health Information

Protected Health Information (PHI) may be disclosed directly to the individual who is the subject of the PHI upon the individual’s request. No authorization is necessary. PHI may be used or disclosed for Group Health Plan related purposes of treatment, payment, or group health Plan administration without obtaining authorization. An individual’s PHI may be used or disclosed for the following Health Plan-related purposes:

Payment activities, such as:
(i) Obtaining premiums  
(ii) Determining responsibility of coverage  
(iii) Claims processing and management and  
(iv) Providing reimbursement for health care.

The following plan administration/plan sponsor functions:
   (i) Evaluating of providers;
   (ii) Activities relating to obtaining or amending insurance contracts;
   (iii) Disease management and
   (iv) Cost management.

**Disclosure of Enrollment Information**
An individual participating in the Group Health Plan or has enrolled or disenrolled from the health insurance insurer offered under the Health Plan may be disclosed to the Employer personnel (for appropriate reasons related to the plan administration) without the individual's authorization.

**Disclosure for Treatment**
An individual’s PHI may be disclosed to a healthcare provider (such as a doctor, hospital, or pharmacy) for treatment purposes. This disclosure is not subject to the “minimum necessary standard”.
The doctor can have access to any health information the doctor feels is necessary to provide quality care.

**No Disclosure of PHI for Employment Purposes**
TTUHSC El Paso is the sponsor of the Group Health Plan. A Participant's PHI may not be disclosed to any employee of the sponsor for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan (e.g.) a disability or life insurance plan.

**No Disclosure for Non-Health Plan Purposes**
Protected Health information may not be used or used for the payment or operations of the TTUHSC El Paso Resident Health Plan non-health benefits such as long-term disability, workers' compensation, or life insurance unless the Health Plan participant has provided authorization for such use or disclosure or such use or disclosure is required by applicable state law and particular requirements under HIPAA are met.

**Disclosure of PHI to Business Associates**
Group Health Plan Employees may disclose PHI in connection with the Health plan to the Health Plans business associate and allow the Health Plans business associate to create or receive PHI on its behalf. TTUHSC El Paso Group Health Plan has received a signed Business Associate Agreement assuring they will appropriately safeguard the information.

**Permitted use and Disclosure of Protected Health Information**
The health plan is permitted, but not required, to use and disclose PHI (subject to limitations), without an individual’s authorization, for the purposes or situations:
• To the individual (unless required for access or accounting of disclosures);
• For treatment, payment, and healthcare operations;
• When the opportunity to agree or object is provided;
• Incident to an otherwise permitted use and disclosure;
• For public interest and benefit activities; and
• When part of a limited data set for research, public health, or healthcare operations.

**Required Disclosures**

The health plan must disclose PHI:

• To participants of the Health Plan (or their personal representative) specifically when they request access to, or accounting of disclosures of their PHI;
• To the United States Department of Health and Human Services when it is undertaking a compliance investigation or review or enforcement action;
• When otherwise required by law, and the disclosure is permitted by HIPAA, such as pursuant to a court order.

**Minimum Necessary Standard**

“Minimum necessary” use and disclosure means that a TTUHSC El Paso Resident Health plan must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. The minimum necessary doesn’t apply in the following circumstances:

• Disclosure to or a request by a health care provider for treatment;
• Disclosure to an individual who is the subject of the information; or the individual personal representative;
• Use or disclosure made pursuant to a valid authorization;
• Disclosure to the United States Department of Health and Human Services
• Use or disclosure that is required by law; or
• Uses or disclosure required for compliance with other regulations.

**Role Based Access**

In order to carry out their job responsibilities, members of TTUHSC El Paso Resident Health Plan employee workforce have made reasonable efforts to safeguard PHI by limiting access to PHI based on documented job functions and/or responsibilities.

**Group Health Plan Participant Rights**

*When it comes to your health information, you have certain rights.* This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, within 15 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete as long as the information is kept by or for the Plan. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
• **Request confidential communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

• **Ask us to limit what we use and share.** You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

• **Get a list of those with whom we’ve shared information.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you asked, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide accounting once a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

• **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.

• **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

• **File a complaint if you feel your rights are violated.** You may file a complaint in one of the following ways:
  - Contact the TTUHSC El Paso Group Health Plan privacy official at the **address indicated below**
  - Use our confidential website at [www.Ethicspoint.com](http://www.Ethicspoint.com)
  - Contact the Office for Civil Rights:
    United States Department of Health and Human Services
    1301 Young Street, Suite 1169, Dallas, Texas 75202
    [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate or take action against you for filing a complaint.

### Safeguards of Protected Health Information

- **Technical Safeguards:** TTUHSC El Paso Group Health Plan maintains technical security policies and procedures relating to electronic storage, maintenance, transmittal of PHI, including authentication requirements, password controls, and audit trails, email encryption, and internet use.

- **Physical Safeguards:** within TTUHSC El Paso Group Health Plan PHI is stored in a secure location, e.g. locked files, to which access is limited to authorized workforce members.

- **Administrative safeguards:** TTUHSC El Paso Group Health Plan has designated a Privacy Officer who has the oversight responsibility for the development and implementation of Privacy policies and procedures to comply with the HIPAA Privacy Rule.
Notice of Breach of Protected Health Information

Under HIPAA the Health Plan and its business associates are required to maintain the privacy and security of your PHI. Participants have a right to be notified of breaches that may have compromised the privacy and security of your health plan information and the actions taken by the plan to mitigate or eliminate such occurrences.

Training

TTUHSC El Paso Group Health Plan trains all workforce members working with the Group Health Plan regarding policies and procedures with respect to HIPAA and PHI. The Privacy Officer is charged with developing training schedules and programs so workforce members receive the training necessary and appropriate to permit them to carry out their functions within the Health Plans.

Workforce members will be trained no later than 30 days after they are employed. When significant changes occur in the job description of a current workforce member or a policy or procedure, the affected workforce members will be trained as soon as possible following the change. Records documenting the required training must be retained for six years after completion of training.

TUHSC El Paso has certified to its Group Health Plan that its workforce has been trained in the policies relating to privacy protections.

Complaints

TTUHSC El Paso Institutional Privacy Officer will be the Group Health Plans contact person. The Institutional Privacy Officer is responsible for receiving complaints about the Health Plans' privacy procedures and for handling such complaints. You may file a complaint with the Privacy Officer at 915-215-4459. Participants can also file a complaint to the U.S Department of Health and Human Services at https://www.hhs.gov/hipaa/filing-a-complaints

Frequency of Review

This policy will be reviewed periodically to reflect any changes in the HIPAA Privacy Rule.

Review Date: November 17, 2023

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